

<i>SERFF Tracking Number:</i>	<i>SNLF-126287572</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Sun Life Assurance Company of Canada</i>	<i>State Tracking Number:</i>	<i>43398</i>
<i>Company Tracking Number:</i>	<i>XGR/2812</i>		
<i>TOI:</i>	<i>H11G Group Health - Disability Income</i>	<i>Sub-TOI:</i>	<i>H11G.005 Combined Short Term and Long Term</i>
<i>Product Name:</i>	<i>SLOC revised group application</i>		
<i>Project Name/Number:</i>	<i>SLOC revised group application/SLOC revised group application</i>		

## Filing at a Glance

Company: Sun Life Assurance Company of Canada

Product Name: SLOC revised group application SERFF Tr Num: SNLF-126287572 State: Arkansas

TOI: H11G Group Health - Disability Income SERFF Status: Closed-Approved-  
Closed State Tr Num: 43398

Sub-TOI: H11G.005 Combined Short Term and Co Tr Num: XGR/2812 State Status: Approved-Closed  
Long Term

Filing Type: Form

Authors: James Crowley, Lori  
Chilcote, Linda Murphy  
Date Submitted: 09/02/2009

Reviewer(s): Rosalind Minor  
Disposition Date: 09/11/2009

Disposition Status: Approved-  
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: SLOC revised group application

Project Number: SLOC revised group application

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 09/11/2009

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Small and Large

Group Market Type: Employer

Explanation for Other Group Market Type:

State Status Changed: 09/11/2009

Created By: James Crowley

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: James Crowley

Filing Description:

RE: SUN LIFE ASSURANCE COMPANY OF CANADA NAIC # 549-80802

Application for Group Insurance Form XGR/2812

Dear Sir or Madam:

We are submitting the above application form for your review and approval. The form is new and does not replace any

SERFF Tracking Number: SNLF-126287572 State: Arkansas  
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form currently on file with your Department. This is an Application form filing only. Benefits and rates on file are not affected.

This form is used for an employer/policyholder to apply for group insurance coverage.

The forms are submitted in final print format, subject only to minor variations in color, paper stock, duplexing, shading, fonts and positioning.

This form is exempt from filing in Michigan, the domicile of Sun Life Assurance Company of Canada.

The [bracketed] material is intended to be illustrative and variable and may be included or deleted in its entirety to accommodate the requirements of individual policyholders or based on state law. Language may be changed to reflect language mandated by your state laws or regulations or federal legislation.

We request your approval of the enclosed forms. If you have any questions, I may be contacted by email at Lori.chilcote@sunlife.com or by telephone at 860-737-1467.

## Company and Contact

### Filing Contact Information

James Crowley, Compliance Consultant James.Crowley@sunlife.com  
175 Addison Road 800-451-2513 [Phone] 1310 [Ext]  
P.O. Box 725 860-737-6598 [FAX]  
Windsor, CT 06095-0725

### Filing Company Information

Sun Life Assurance Company of Canada CoCode: 80802 State of Domicile: Michigan  
175 Addison Road Group Code: 549 Company Type:  
Windsor, CT 06095 Group Name: State ID Number:  
(860) 737-1000 ext. [Phone] FEIN Number: 38-1082080

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## Filing Fees

Fee Required? Yes  
Fee Amount: \$20.00  
Retaliatory? No  
Fee Explanation:

*SERFF Tracking Number:* SNLF-126287572 *State:* Arkansas  
*Filing Company:* Sun Life Assurance Company of Canada *State Tracking Number:* 43398  
*Company Tracking Number:* XGR/2812  
*TOI:* H11G Group Health - Disability Income *Sub-TOI:* H11G.005 Combined Short Term and Long Term  
*Product Name:* SLOC revised group application  
*Project Name/Number:* SLOC revised group application/SLOC revised group application  
*Per Company:* No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Sun Life Assurance Company of Canada	\$20.00	09/02/2009	30286755

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	09/11/2009	09/11/2009

<i>SERFF Tracking Number:</i>	<i>SNLF-126287572</i>	<i>State:</i>	<i>Arkansas</i>
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## **Disposition**

Disposition Date: 09/11/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Flesch Certification	Approved-Closed	Yes
<b>Supporting Document</b>	Application	Approved-Closed	Yes
<b>Form</b>	Application for Group Insurance	Approved-Closed	Yes

SERFF Tracking Number: SNLF-126287572 State: Arkansas

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## Form Schedule

Lead Form Number: XGR/2812

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 09/11/2009	XGR/2812	Application/Enrollment Form	Application for Group Initial Insurance			52.200	XGR-2812.pdf

# Sun Life Assurance Company of Canada

## Application for Group Insurance



### 1. Applicant Organization

Please PRINT clearly.

Full legal name (As it is to be shown in the Group Policy) [ABC Company]		
Main office address [123 Main Street]		
City [Anytown]	State [CT]	Zip code [06095]

**Type of Organization:** ☒ Corporation    ☐ S Corporation    ☐ Partnership  
☐ Sole Proprietor    ☐ LLC/LLP

#### Subsidiaries or Affiliates to be Included

1.	Legal name [N/A]
	Full address (street, city, state and zip code)
2.	Legal name
	Full address (street, city, state and zip code)

☐ If you need more space, check here and attach a separate page.

### 2. Insurance Coverage Requested

If any requested coverage is to have a different effective date than the date indicated at right, please note the effective date next to the coverage.

Requested effective date (mm/dd/yy) [January 1, 2010]
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<input checked="" type="checkbox"/> Employee Basic Life [and AD&D]    ]	<input checked="" type="checkbox"/> Employee Optional Life    ]
<input checked="" type="checkbox"/> Dependent Basic Life    ]	<input type="checkbox"/> Employee Optional AD&D    ]
<input type="checkbox"/> Spouse only <input type="checkbox"/> Family	<input checked="" type="checkbox"/> Dependent Optional Life (check one)    ]
<input type="checkbox"/> Dependent Basic AD&D    ]	<input type="checkbox"/> Spouse only <input type="checkbox"/> Family
<input type="checkbox"/> Spouse only <input type="checkbox"/> Family	<input type="checkbox"/> Dependent Optional AD&D (check one)    ]
<input checked="" type="checkbox"/> Long Term Disability    ]	<input type="checkbox"/> Spouse only <input type="checkbox"/> Family
<input type="checkbox"/> Short Term Disability    ]	<input type="checkbox"/> Standalone Voluntary AD&D (check one)]
<input type="checkbox"/> [STD/SunSalary Protection Plan <sup>SM</sup> ]	<input type="checkbox"/> Employee <input type="checkbox"/> Family
<input type="checkbox"/> Dental    ]	<input type="checkbox"/> Employee Voluntary Life    ]
	<input type="checkbox"/> Employee Voluntary AD&D    ]
	<input type="checkbox"/> Dependent Voluntary Life (check one)    ]
	<input type="checkbox"/> Spouse only <input type="checkbox"/> Family
	<input type="checkbox"/> Dependent Voluntary AD&D (check one)    ]
	<input type="checkbox"/> Spouse only <input type="checkbox"/> Family
	<input type="checkbox"/> Other _____ ]



## 2. Insurance Coverage Requested continued

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### Premium Information

If Sun Life Assurance Company of Canada does not agree to provide the coverage requested in this Application, it will return the amount paid with the application to the Applicant. No insurance shall take effect until Sun Life Assurance Company of Canada approves this Application and issues an insurance policy to the Applicant.

Amount Paid with this Application [\$ 100.00]
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## 3. Fraud Warnings

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Please read the fraud warning below before signing this form. Where noted, state law requires that we notify you of the following:

**[Fraud Warning (except as specified below):** Any person who knowingly and with intent to defraud any insurance company or other person files an Application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects that person to criminal and civil penalties.]

**[Fraud Warning – CO:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.]

**[Fraud Warning – District of Columbia:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.]

**[Fraud Warning – FL:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.]

**[Fraud Warning – KY:** Any person who knowingly and with intent to defraud any insurance company or other person files an Application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which may be a crime and subjects that person to criminal and civil penalties.]

**[Fraud Warning – MD:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.]

**[Fraud Warning – OR:** Any person who knowingly and with intent to defraud any insurance company or other person files an Application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto may commit a fraudulent insurance act, which may subject that person to criminal and civil penalties.]

**[Fraud Warning – VT:** Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.]

**[Fraud Warning – VA and WA:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.]

#### 4. Terms of Agreement

The Applicant hereby applies for Group Insurance as specified in the Sun Life Assurance Company of Canada (Sun Life) proposal. The undersigned Applicant has read, understands and agrees that:

1. The insurance requested in this Application for Group Insurance will not become effective until you have been notified in writing by Sun Life that it has been approved. As such, you should carefully consider whether you should terminate your existing group insurance coverage prior to Sun Life notifying you that it has made a determination with respect to the insurance requested in your Application for Group Insurance.
2. The requested group insurance will:
  - be issued only if the requested insurance is accepted by Sun Life and is legally permissible;
  - be issued under a Group Policy or Policies in the language customarily used by Sun Life;
  - be subject to Sun Life's standard underwriting requirements; and
  - take effect on the date determined by Sun Life.
3. All information given in connection with this Application for Group Insurance is true and complete to the best of the Applicant's knowledge, information and belief.
4. Premium rate quotes are based on the data previously submitted to Sun Life. Final premium rates will be determined based on the final census submitted. Sun Life reserves the right to re-rate any coverage retroactively to the effective date or take other appropriate actions if any information provided to us is not true or is incomplete.
5. If Sun Life approves an Applicant's request for group insurance coverage, employees who are not actively at work on the group insurance policy's effective date will only be insured if they satisfy the policy's "Continuity of Coverage" provision or are required to be covered by law.
6. No producer, agent or broker can make or modify a contract for Sun Life and all coverage will be as stated in Sun Life policies. No agent or broker has the authority to guarantee the acceptability of the requested insurance.
7. When you purchase insurance from us, we pay compensation to the producer and/or to the agency through which the producer works. If the producer works through an agency, the agency may pay compensation directly to the producer. Compensation may include commissions when a policy is purchased or renewed, and fees for other services. The compensation may vary by the type of insurance purchased. Additionally, bonuses and incentive trips or awards associated with sales may be paid based on the overall sales volume or persistency of business. The compensation that we pay to producers may differ from that paid by other insurance companies. If you have questions, contact your producer directly.
8. This Application is made a part of the Group Policy.

#### 5. Authorization

I acknowledge that I have read and understood the Terms of Agreement and the Fraud Notices above.

Name and title of Applicant organization's Authorized Representative [John Doe]			
Signature of Authorized Representative X			
Place of signing [Hartford, CT]		Date [9/4/09]	
Name of Agent/Broker		Agent/Broker license no.	
Street address	City	State	Zip code
Signature of Agent/Broker X		Date	
Countersigned by licensed resident agent (where required by law) X		Agent license no.	

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## Supporting Document Schedules

		<b>Item Status:</b>	<b>Status</b>
			<b>Date:</b>
<b>Satisfied - Item:</b>	Flesch Certification	Approved-Closed	09/11/2009
<b>Comments:</b>			
<b>Attachment:</b>			
Flesch certification.pdf			

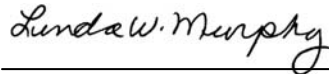
		<b>Item Status:</b>	<b>Status</b>
			<b>Date:</b>
<b>Satisfied - Item:</b>	Application	Approved-Closed	09/11/2009
<b>Comments:</b>			
please see attached form schedule for the application form being filed.			

## CERTIFICATION

This is to certify that the Form Numbers listed below have achieved the following Flesch Reading Ease Scores and comply with the requirements of Arkansas Stat. Ann. §§66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

<u>Form Number</u>	<u>Flesch Readability Score</u>
XGR/2812	52.2

### SUN LIFE ASSURANCE COMPANY OF CANADA



Linda W. Murphy  
Compliance Officer

September 2, 2009